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		( 1	ay 15, 200	7		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY		DOCKET NO.	CONFIRMATION NO.
10/064,032	06/04/2002		Steinar Bjaerum		15-DS-00560		9756
TITLE OF INVENTION: ULTRASOUND COLOR CHARACTERISTIC MAPPING							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUI	E FEE TOT	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	ss			
LAVIN, CHRISTOPHER L		2624	382-128000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR   1,53). CFR   1,53). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3 Michael A. Dellapenna				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT Opintor type)  PLEASE NOTE: Unless an assigne is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  GE MEDICAL SYSTEMS GLOBAL  WAUKESHA, WISCONSIN  TECHNOLOGY COMPANY, LLC  Please check the appropriate assignee category of categories (will not be printed on the patent):  Individual © Corporation or other private group entity Ordenment							
4a. The following fee(s) are submitted:  \[ \begin{align*} \begin{align*} \begin{align*} \begin{align*} \delta \de			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby suthorized to charge flya gauging fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 070545 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)							
□ a. Applicant elaims MALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(Z).  NOTE: The Issue Fe and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the reclude of the United Humes Fetters and Trademark Office.							
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Authorized Signature	ANN IN	Date May 15, 2007					
Typed or printed name Joseph M. Butscher			Registration No. 48,326				
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